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**ORAL
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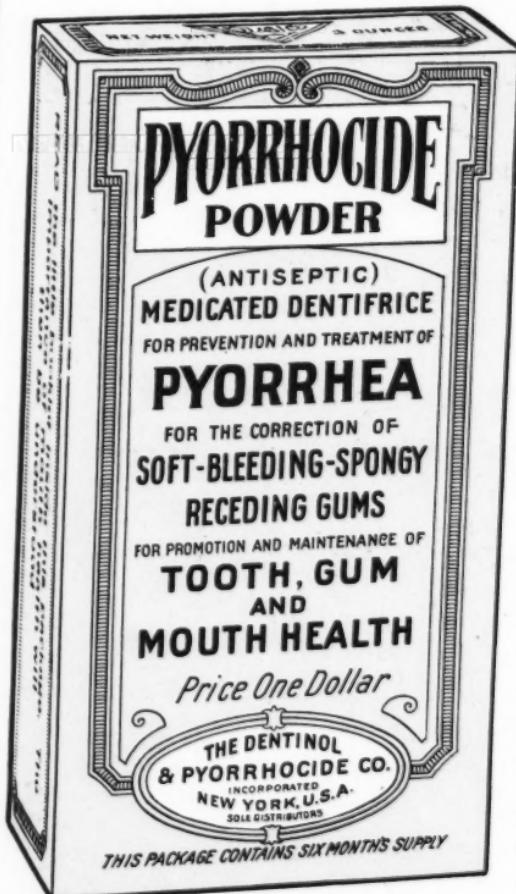
JANUARY, 1922



Published for John Hood Company
Boston, Massachusetts

A DENTIFRICE—PLUS

Pyorrhocide Powder lends itself admirably toward the correction of broken-down, diseased gum tissue as a result of pyorrhea infection, and in keeping the teeth white and clean.



As a co-operative medium in pyorrhea work, a "dentifrice-plus" is essential because the requirements are two-fold. It must keep tooth enamel white and clean, and allay soft, bleeding, spongy gums.

PYORRHOCIDE POWDER

(Antiseptic)

is non-toxic. It is non-caustic. It is medicated with Dentinol (3%), a germicidal, healing agent used by dentists to destroy gum tissue infection, and to reduce soreness and inflammation before and after instrumentation.

Hard gums resist pyorrhea infection just as clean teeth resist decay.

Prescribe Pyorrhocide Powder—Compare Results

01368

FREE

Pyorrhocide Powder samples for distribution, a trial bottle of Dentinol for office treatment and a copy of "Causes and Effects of Pyorrhea" mailed on request.

The Dentinol & Pyorrhocide Co., Inc.

1480 Broadway

New York

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—OF—
DENTAL SURGERY.

ORAL
HYGIENE

January, 1922

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Copyright 1922, by Rea Proctor McGee

WHAT WE MEAN BY “*Best Since 1812*”

“I have no doubt that Ney’s Golds are best since 1812, nor that the best dentists have always so regarded them, but why eternally repeat ‘Best Since 1812’?”

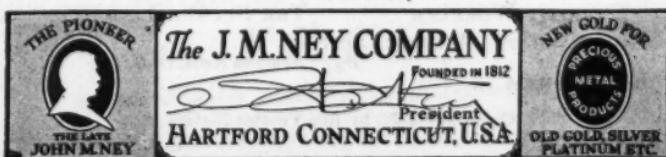
That is a fair question, and here is the answer:

First, we wish to convey the historical fact that the firm of Ney, established in Hartford in 1812, has given the dentists of America 110 years of continued service.

Second, this slogan is intended primarily for its influence on ourselves and our employees, as a constant reminder that we have a distinctive standard and a reputation for service that every day in the year we must live up to.

Third, it constitutes a perpetual challenge to our patrons, leading them to expect greater refinement of products and a higher degree of uniformity than they expect from anybody else.

Fourth, we wish to induce the younger generation of dentists entering practice to put us to the test, that we may serve them as we have served their predecessors for 110 years.



ORAL HYGIENE

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BALTIMORE COLLEGE

VOL. XII, No. 1

— OF —
DENTAL SURGERY.

The Mouth



IF you were to make a list of all of the things you have ever put into your mouth, you would wonder how you have escaped the asylum.

The mouth is intended to receive and prepare food for the stomach and to act as an organ of speech. If you will teach your children to use their mouths as nature intended and then if you will try to learn the same lesson, you will avoid more than one-half of the disease germs that are trying to get into your body.

Nearly seventy per cent of all human disease enters through the mouth. Keep your mouth clean and disappoint the disease-producing bacteria.

No. 1. Of a series of health talks, the text of which is approved by the National Dental Association.

Copyright, 1921

DENTAL WELFARE FOUNDATION
Pittsburgh, U.S.A.

This card, which is to be mailed in January, is to draw attention first to the mouth, and to serve in a general way as an introduction for the messages to follow

NOTIFICATION CARD

THE AMERICAN PULLEY COMPANY

DENTAL CLINIC

Date _____

M _____ No. _____

The Dental Clinic, after examining your mouth, finds that the following treatment is necessary.

Teeth which should be extracted _____

 " " " filled _____

Gums treated _____

We recommend that you attend to this as soon as possible. This can be done in our Dental Clinic which will make a small charge for the work; much less than the actual cost. If you prefer you can go to your own Dentist.

345-6-20-1M (OVER) D. D. S.

Figure 1

How the American Pulley Company Operates its Dental Dispensary

By LINWOOD G. GRACE, D.D.S., Germantown, Philadelphia, Pa.



THE dental dispensary of The American Pulley Co., at 4200 Wissahickon Avenue, Philadelphia, Pa., has been in operation over a year.

After some months of discussion it was opened on July 1st, 1920, somewhat as an experiment. A most complete equipment was purchased and I was placed in charge. The dispensary was open three hours a day on five days a week.

In addition to taking care of toothaches and doing prophylactic work, we have been doing some forms of restorative work. It is the aim of the dispensary to examine and clean the teeth of all employees every six months. This is without expense to the employee, as is any emergency treatment.

At the time of the initial examination, a notification card (Fig. 1) is made out and handed to each employee. His attention is called to the work

(OVER)

THE AMERICAN PULLEY COMPANY

Scale of Prices

For employees of three months service or more.

Cleaning and emergency treatments	Free
Alloy and cement fillings	\$.50
Enamel fillings	1.00
Treatments, teeth25
Treatments, gum25
Extractions25

For employees of less than three months service.

Emergency treatments	\$.50
Cleaning	1.00
Alloy and cement fillings	1.00
Enamel fillings	2.00
Treatments, teeth50
Treatments, gum50
Extractions (with procain)50
Extractions (with gas)	1.00

Time spent in Dental Clinic will be deducted from all employees on day and piece work EXCEPT for emergency treatments, examination and cleaning, for which work no time will be deducted.

Reverse side of card shown as Figure 1

necessary and also to the scale of prices, printed on the back of the card, for which the work will be done.

The condition of his mouth is also recorded upon a clinic record card (Fig. 2).

There is nothing compulsory about the dental dispensary. If, however, the employee wishes to avail himself of the service he is given an appointment for some suitable time. In order to make sure that the time spent in the dental dispensary will not discommode the general routine of the plant, an appointment card (Fig. 3) is made out and, before being given to the employee, is passed to the foreman for his approval.

Charges are taken care of by a slip (Fig. 4) made out at each visit and forwarded to the pay department at the end of each day's work.



The Clinic

While not all of the employees have visited the dental dispensary, a large enough percentage have done so to prove that it is generally appreciated. The work done during the first year is tabulated as follows:

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	DENTAL SURGERY	1
Examinations.....	315	Treatments, pyorrhea, gingivi-
Prophylactic treatments.....	115	tis.....
Temporary fillings.....	225	177
Permanent fillings.....	429	Pulps removed.....
Root canal fillings.....	55	49
Treatments, teeth.....	263	Extractions.....
		248
		Miscellaneous operations.....
		15

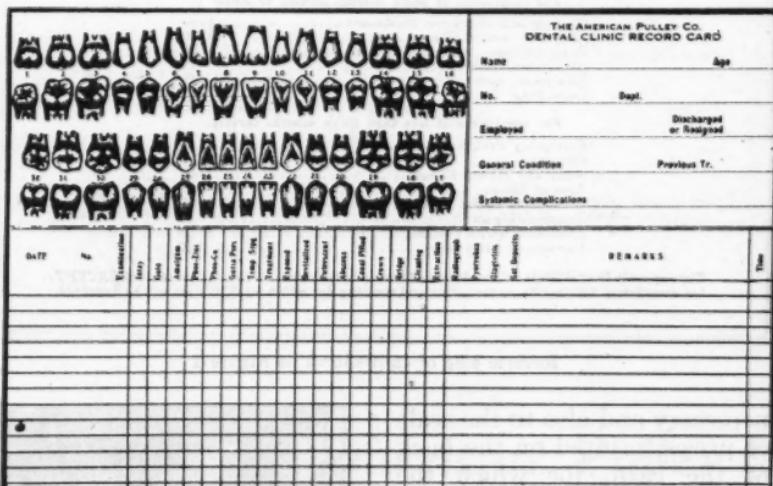


Figure 2

THE AMERICAN PULLEY COMPANY

TIME IN DENTAL CLINIC		FROM _____	TO _____
TIME TO BE DEDUCTED: _____ HOURS			
DENTAL CLINIC CHARGE FOR DENTAL TREATMENT OF DENTAL CLINIC			

Figure 3

Figure 4

The Dental Welfare Foundation

By W. H. CARD, D.D.S., Minneapolis, Minn.
Secretary, Mouth Hygiene and Preventive Dentistry Committee
National Dental Association

HAVING been asked to give an opinion of the proposed plan of the Dental Welfare Foundation for the spreading of the Gospel of Preventive Dentistry throughout North America, I find myself at once longing for the ability and facile pen of a Rea Proctor McGee, that I might paint a word picture of the tremendous need as I see it, of carrying to every individual in every city, village, hamlet or farmhouse in the world accurate information on the value of mouth hygiene, with its relation to health, happiness and harmony.

Having some years back, fortunately or unfortunately, according to viewpoint, been honored by our local dental society with the office of Chairman of the Oral Hygiene Committee, I was much like the man with the red-hot stove! I neither knew what to do with it or how to let go of it. No one else wanted the office or gave a cheer because I had it. But in trying to make at least a fair showing in order to have a report for the next annual meeting, I actually became interested—moving from local to State

society work and now proud to be a shave-tail in National work. My love of children has made the work in the State Society particularly interesting and of this let me mention, somewhat in repetition, as the December 1920 number of *ORAL HYGIENE* carried an article on this work, explaining quite fully the plan and telling of the work of our children's clinics conducted between November 1919 and March 1920. To be as brief as possible let me say that from November 1919 to November 1921, we have examined and lectured to over 40,000 children in the smaller towns and rural districts in Minnesota, and as I have had something to do with the directing of this work, feel somewhat more in a position of authoritative knowledge of the terrible conditions prevalent in mouths of from 75 to 95% of all children, rich and poor alike, and that knowledge is appalling.

Could I but half succeed in picturing the conditions in some of these localities, the mining towns for instance, where the conditions were so unusually bad that I made special investigation of living conditions with the conclu-

ORAL HYGIENE

sion that the answer lay in ignorance of all preventive care in children of pre-school age and of diet habits that were destroying teeth before they were erupted.

Think of feeding babies (barely graduated from the mother's breast) on coffee and white bread morning, noon and night, the common menu in settlements made up largely of people of foreign birth. Therefore, this one condition of affairs just mentioned—if there were not dozens of others—would make me an ardent booster for any educational plan, well organized, safely financed, properly ethical, expertly written and censored, in fact, just such a plan as proposed by the Dental Welfare Foundation.

That a better plan might some day be worked out is possible. To date there hasn't been to my knowledge any other as good proposed. The

"conscientious objectors" of my acquaintance thus far, just naturally are habituals—with no cure in prospect. Am interested in hearing from anyone with a better plan and who is *willing to see that it is carried out*. The present plan I became "sold" on about the time of the National meeting.

That's why I added my endorsement as one of the committee appointed out of the mouth hygiene section for consideration of the proposal. This committee was unanimous in recommending the plan.

The House of Delegates and the Trustees endorsed it—many of the State and District Societies have already endorsed it—not because it was necessary but because they wanted to do so. Twelve dollars worth of postage and six dollars worth of printing and clerical work—surely it's worth trying out for a year. Let's go!

Baby Boy Born with Full Set of Upper Teeth

This is clipped from an Ohio newspaper: A seven and one-half pound son, with a full set of upper teeth, was born to Mrs. Stephen Moy at her home at 520 North Fifth St. yesterday. Dr. D. W. Medill, who vouches for the truth of the story, says Moy will have to walk the floor at nights only half as much as do other papas by reason of his new son having only half as many teeth to cut.

[These teeth were probably inherited from grandmother who had several extra sets.—Editor ORAL HYGIENE]

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What a Big Department Store is Doing to Conserve the Health of its Employees

By G. W. NORRIS, D.D.S., Pittsburgh, Pa.

Since this article was written, Dr. Norris has arranged for the publication of ORAL HYGIENE'S "Your Teeth" Series in his store's publication, reaching 4000 employees monthly.



AUF MANN'S, "The Big Store," one of the largest and oldest department stores in the city of Pittsburgh, has supplied medical attention to its employees since 1913. The present system is the result of the ever-increasing demands made upon it.

First of all, a doctor of medicine spent a few hours each morning in the store, where employees were given free medical advice. Later a nurse was there all day. At this time prescriptions were filled for ten cents, in the drug department, but this proved to be unsatisfactory, for after ordering many employees failed to call for them.

In 1914, a Beneficial Association was organized among the employees and now all employees are members of it and every new employee joins at the time he is employed.

In 1915 a visiting nurse was employed. It is her duty to visit the sick and make reports to the nurse in the store hospital.

In 1916 a dentist's office was equipped and tried out as an experiment. At first a dentist was engaged, without salary, to devote his mornings to the work in return for the opportunity to establish a clientele. His returns were unprofitable, however, and the attendance poor, so the Association made different arrangements.

Starting in 1917, the dentist

was paid a small salary—equipment, for cleaning and filling teeth with amalgam installed, and the dentist allowed to charge a minimum fee for such work. All relief work, extractions, examinations and minor operations, as plates smoothed, inlays and crowns recemented, etc., is done without charge to the employee. At this time a very complete stock of drugs was also installed to be dispensed during the morning hours.

No charge is made for this or for the services of the doctor or nurse.

At present there are two private consulting rooms for the doctor, an operating room for the dentist, a bedroom for men, a small ward with three beds for women. In the busy seasons such as Christmas time an extra nurse is employed to help take care of the increased number of patients.

The visiting nurse is supplied with a car in which to make her calls. Besides the

hospital force, there is a welfare supervisor who investigates the private affairs of unfortunate employees, in order to aid them.

Her duties also include supervision of a summer camp where employees may enjoy a pleasant vacation at little expense. The Association also pays sick and death benefits. An employees' paper, called *The Storogram* is published. This contains many items relating to health.

The writer knows that an institution of this kind is a great help to the employees and an advantage to the employer, and believes it will keep growing in the future as it has grown in the past. The time will soon be at hand when all large concerns will have a system of dentist as well as a physician. Those at present having neither are bound to see the great advantage in the end and, in order to compete with more efficient organizations, will have both.

Baby Teeth Filled Free of Expense

No charge will be made hereafter for filling deciduous teeth in the San Leandro, California, school clinic, according to the *San Francisco Wasp*. Deciduous teeth are those that children "shed" or lose later in life.

This fact has deterred many parents from having such teeth in school children filled, according to Dr. P. E. Maimome in charge of the San Leandro school clinic.

This is the second year of the dental clinic in San Leandro, one of the few rural schools to have such an institution. It is more popular than ever, and has been accounted as one of the greatest blessings of the school, according to patrons.

"Closing Free Dental Clinics Spells Danger," says Newspaper



HE following is reprinted from the Los Angeles, Calif., *Examiner*:

Some months ago *The Examiner* had a good deal to say on the subject of public school dental clinics and their absolute necessity to the success of our public school system.

At the time the matter was in agitation here, New York and other Eastern states had acted vigorously to relieve their public school systems of the incubus of bad teeth among children of school age. The reason and urge for action were great. Scientific surveys and investigations had shown that an alarming proportion of children in all grades had defective and infected teeth, the physical and mental effects of which were destructive of ability to acquire the simplest school education.

Free dental clinics had been established in all New York cities, while, since then, the country districts of the State have been served by a regular system of traveling clinics in motor vehicles. In Los Angeles we had, and have, a single dental clinic for poor school children whose parents are unable to pay for the services of practicing dentists. We still have it, and ought to have a great deal more. Children suffering from caries, pyorrhea and other diseases of the teeth, are a misery

to themselves, unfitted to study or learn, and, unless relieved and cured, simply amount to a useless waste of the money it costs the taxpayers to attempt their education. We had hoped that the whole community had been so impressed with the gravity of the situation that our school dental clinic facilities soon would be greatly extended and liberally financed as a measure of wise public economy.

To all friends of education and to all sane citizens, it comes as a startling surprise that somebody or some secret influence has been at work to abolish our school dental clinic. As *The Examiner* news columns gave the facts on October 6, the immediate effect of this would be to doom 5000 poor children annually to the tortures of toothache and to greater or less mental defectiveness through life, resulting from teeth infection. As Dr. True states, in the 300 days last past, 4500 young sufferers have been treated at the school clinic.

It is to be hoped that the alleged technicalities upon which the ophidian proponents of the clinic abolition movement are said to be depending will prove to be non-existent or negligible. In any event, all the humanity and decency of Los Angeles should be ready to rise in anger and defiance of whomever or whatever combination or influence may be behind the disgraceful and contemptible attack upon one of the most humane and necessary agencies of our educational system.

New Year's Eve

By JOHN PHILLIP ERWIN, D.D.S., Perkasie, Pa.



HARLES LAMB, that estimable Cockney writer and contemporary of Wordsworth, in writing of New Year's Eve, in part said, "I am not one of those who

'Welcome the Coming, Speed the Parting Guest.'

"I am naturally, beforehand, shy of novelties: new books, new faces, new years. In proportion as the years both lessen and shorten, I set more count upon their periods, and would fain lay my ineffectual finger upon the spoke of the great wheel."

It is but natural, I suppose, when hot blood fires our young bodies that we feel ourselves immortal. We are prodigal with time. What is a day or a year? Then we thoughtlessly—

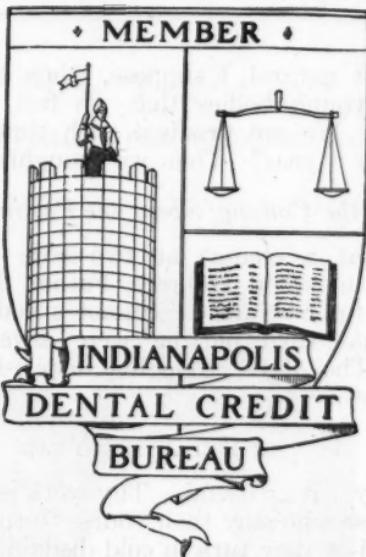
"Welcome the Coming, Speed the Parting Guest."

But what a change at two-score and ten! Now I fain would embrace Father Time and hold him for a while. I cannot speed him on. Would that such parting were always sweet sorrow. The above thoughts inspired the following lines:

TO THE DEPARTING YEAR

Good-bye, dear friend. Thy work is done
For those who stay their course to run.
See! How they turn in cold disdain,
Forgetting favors, blind to pain
Ahead. But not so I. I pray
A parting promise grant. That day
When thou with countless cycles rise
The worth of suppliants to appraise
Compassioned heart then open wide
And testify, "I tried! I tried!"





This insignia hangs by the chair of each member

How the Indianapolis Dental Credit Bureau Works

By ROBERT WHITE BLAKE, D.D.S., Indianapolis, Ind.

WILL try to tell you a little of the workings of the Indianapolis Dental Credit Bureau and what it is doing for all of us who have taken advantage of its protection.

As long as I have been practicing dentistry there has not been any way in which we could really get a mental picture of the attitude of our new patients regarding dental service and their appreciation of it. When a new patient presents himself we have no

way of knowing whether he left his former dentist because he was urged to pay a just bill or for a personal reason.

I have for years wanted a plan worked out so that when a new patient came to me I could call a central office and find out if the patient had a history record on file, and by thus obtaining this information I could be protected in my dealings with him. Many of the boys to whom I have talked from time to time wanted such an organization, but their ideas were

never put into practical use.

Something, a still small voice, I guess, kept telling me to go ahead and start such a movement, until I had to present the matter to my dental friends.

I called about fifteen of the fellows together one noon in September, and at that luncheon I presented my idea in concrete form. I had the backing of the boys present at that meeting to "go to it."

That was all I needed. I believed in this proposition, and, with the support of the few fellows, I knew that its success was assured from the start.

So I began the actual working of the Bureau—our own Dental Credit Bureau—somewhat in the following manner:

First, we secured desk room in the Hume-Mansur Building with the use of a telephone. Then we obtained a competent girl who is not only a notary, but an experienced book-keeper. We figured the dues for a year at \$1.00 a month and we believed that we could get enough fellows to join at \$12.00 a year to pay the actual expense. In passing I might say that all bills have been paid, we still have money in the bank, and we are adding one or two new members each day. We pay the young lady \$50.00 a month; she handles all the office work. I simply give advice and sign the checks.

When a dentist comes in as member, he fills out an application card with his name,

location and telephone number. He agrees to abide by the rules of the Bureau, as formulated from time to time. He mails his check with his application card, together with a list of all the undesirable patients with whom he has had dealings. This list dates back two years at least.

With each patient's name a brief financial history is given.

Upon receipt of the card and check the girl mails the new member a receipt for dues and gives him his code number, which was first written on his application card in her files.

That code number is given each dentist to verify his call over the phone.

As an example: a new patient comes in and at an opportune moment I call the Bureau. After I tell the girl who is speaking she asks me for my code number.

If it is the same as that written by her on my application card which she has before her, she will give me what information has been reported about this patient.

Absolutely no information is given out unless the code number agrees with the name of the dentist given over the phone.

You will please bear in mind that we keep on file *only* the names of those patients who are undesirable.

But what a lot of them we have already! All classes of people are listed—some among our most prominent families. Three members have reported

the same patient. You can just see in your mind's eye that person floating around the city, getting service, with no intent to pay.

At least, he has not paid these three dentists, and I happen to know that the services rendered were of high grade.

But the Bureau has his record on file and when he wants any more dental work done he will have to go to some dentist who is not a member of the Bureau—and may the Lord help the unfortunate dentist. This fellow is as smooth as silk, a nice fellow personally, but he has no conscience when it comes to paying dental bills. The collecting agencies can do nothing with him, and the efforts of the lawyers to collect from him are a joke.

We have over five hundred names on file already. Think of the protection we have by knowing these people, and what it will mean in the future. It certainly will eliminate our dead accounts and permit us to give our best service, knowing that we will get our money. When we do charity, it is charity; but what hurts is to lose our supposedly good accounts after hours of hard work at the chair.

Our Bureau files the names of the patients and the history as reported by the individual dentists. Only the code number of the dentist reporting is shown on the card, not his name. This is to protect

the dentist should the card be lost or come into the hands of outsiders.

Each dentist member is presented with the insignia of our Bureau. It is we think, very attractive and speaks for itself. I am glad to state that the boys are hanging it by their chairs. That is the place for it. The figure on the watch-tower represents the dentist on the lookout for undesirable patients; the scales to the right of the figure are the scales of Justice; the open book below contains the records.

With little mental effort the patient in the chair can understand the meaning of the insignia. It immediately makes an impression.

He will see to it that his name is not handed in to the Bureau as slow pay or otherwise. He will pay his account promptly.

One or two of the dentist have told me that they did not need the Bureau, for they did only a cash business. I tried to explain to them that was only half of their obligation.

I told them that many times when a patient came to their office, by calling the Bureau and learning of some crooked deal he had put over on a dental friend of theirs, they undoubtedly would refuse to do that patient's work at any fee, if they really considered their fellow dentists. I know that here in Indianapolis we have a loyal bunch of dentists with a wonderful spirit of

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"Possibly this movement can be nationalized some day and thus we can be protected from the moving population of dead-heads."

brotherly love, and this co-operation is sure to draw us closer together from day to day.

Each member of the Bureau has a rubber stamp which prints as follows: "MEMBER INDIANAPOLIS DENTAL CREDIT BUREAU." This is used on statements addressed to patients who are classed "slow pay." Some of the boys have told me that that stamp has brought in money in some cases where the account was over a year old. Most people cannot stand to have their name on a black list of any kind.

Only yesterday an orthodontist, who came into the Bureau merely to support it, as he told me, received a check for an account which was over a year old. His assistant used the stamp upon the statement which was mailed to the patient.

The Bureau has ordered seals made bearing the same words as the stamp; and as soon as they are received each member of the Bureau will be sent a quantity for use.

I hope that I may have covered the subject so that the boys throughout the country may get an idea of

how our Bureau is being operated.

Possibly this movement can be nationalized some day, and thus we can be protected from the moving population of dead-heads.

People are leaving our cities each month. Their record at the Bureau, if they have been reported, stays behind them and could be wired for your protection in the new city where they will have made their new home.

If it will work successfully here, *and it does*, it will do the same in every city throughout the land. It is simply up to a few live fellows to start the movement in other cities, and I am sure they can obtain the necessary information in regard to the operation of such a Bureau by communicating with the Indianapolis Dental Credit Bureau.

The following recently appeared in the *Indiana Daily Times*:

Associations of credit men have become an important factor in the commercial life of every city and each firm of any size has its credit man who confers with his colleagues at stated intervals, exchanging data for the mutual benefit of the members. Credit business is conducted upon the promise-to-pay

theory and as the majority of persons are honest, the merchant or manufacturer usually is perfectly willing to extend credits over various periods of time. The slow-pays and the deadbeats are in a minority, but since they exist in every community the credit men must be on the lookout for them and if victimized must inform other members of the association that they may be spared a similar fate.

Credit men's organizations heretofore have been confined almost entirely to business circles, the professional men refraining from any concerted attempt to regulate their financial dealings. From the very nature of their work the need for such an arrangement has not appealed to them. Usually the number of clients or patients is relatively small and personal acquaintance plays a more prominent part than in the relationship between the head of a store, for example, and the individual customer. The doctor and the dentist have a small percentage of transient trade but the majority of people who reside

in a city select a certain member of each profession and continue to depend upon him so long as his ministrations prove satisfactory.

The methods of most doctors and dentists in making collections would not be indorsed by business firms. Each depends almost entirely upon the pleasure of the patient for a settlement of an account, and many of them in any city could doubtless afford Southern cruises this winter financed entirely on outstanding accounts. A number of local dentists have undertaken to improve conditions by organizing the Indianapolis Dental Credit Bureau. Nominal dues will enable the Bureau to push collections and to notify members of prospective patients who have the reputation of forgetting to pay their bills. If a deadbeat's molar goes on a rampage Bureau members will refuse to relieve the pain until moldy bills are paid. If the method succeeds the doctor, co-sufferer with the dentist for man's procrastination, may think seriously about organizing a Medical Credit Bureau.

Waitresses Must Have Good Teeth

"Wanted—Waitresses, with good teeth." To find them is the quest of John Darling, hotel dining-room manager, who advertised as above today. "Hotels and restaurants have attained all that's desirable in tasteful and exquisite service," he said. "Our effort now will be to improve the waitresses. There is nothing that I can think of more appetizing than a row of healthy teeth draped by the smile of an attractive girl. If she has good teeth she can't help but be attractive," he concluded—*Exchange*.

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Progress in Prosthesis

As Related to the Casting Process

By KENT KANE CROSS, D.D.S., Denver, Colo.



HE advent of the cast inlay is almost simultaneous with the arrival of modern dentistry; in fact, metal casting, as brought before the dental world by Dr. W. H. Taggart, may be almost called the birth of Twentieth Century dentistry.

THE CAST INLAY

While the cast inlay, an indirect method of restoring normal form and function to a tooth, considered a part of operative dentistry (shall we say *operodontia*?) the various technics of which have been developed by such men as Taggart, Morris, Coston, Flint and others whose diligent study and tireless experimentation have made a definite technic possible—it has also been a means of more substantial restorations of lost teeth, whether isolated or in groups.

THE CAST ABUTMENT

The cast abutment, in the face of many failures, has been the means of saving the fixed bridge from universal condemnation. Ranging as it does from the inlay rest which gives a movable joint, to Carmichaels, three-quarter posterior crowns and full cast

crowns, the use of the cast abutment cannot easily be overestimated. The masticating surface in many a mouth has been greatly increased, satisfactorily and efficiently, through its use.

THE CAST CLASP

Roach has brought the cast clasp prominently before the profession, and those of the laity who are paying the penalty of the loss of some of their teeth have much for which to be thankful in the use of the cast clasp.

It is *not* the saving grace of dentistry. The saving grace of dentistry is *prevention*. But, without the cast clasp, the sacrifice of many teeth from the ravages of periodontitis and focal infection would be indeed a tragedy.

LARGER CASTINGS FOR PARTIAL RESTORATIONS

The casting of saddles, which eliminates the necessity of soldering the rim and spurs or lugs for vulcanite attachments, and the casting of the saddle boxed for cementing the substitute teeth in position, simplify the technic and eliminate the danger of different hues from different combinations of metals used, if the case is swaged and finished by the soldering process.

The casting of indirect retainers, lingual and palatal bars, of suitable materials, dependent upon the strength needed and desired diminution of bulk, has largely superseded the swaging process.

CAST FULL DENTURES

There are still to be found advocates of swaged full denture bases, due perhaps to the difficulties encountered in obtaining castings free from holes and too much thickness. But by following the technic used in the laboratories of such men as Campbell and Holaday, these objections are reduced to a minimum, if not entirely eliminated.

The same arguments that have been used for cast saddles, bars, etc., are applicable in the construction of full dentures. If the casting is meant to eliminate the vulcanite attachment, weight may be a discouraging element but the vulcanite attachment is not nearly so objectionable as the vulcanite base, for the reasons that the surfaces covered by the attaching vulcanite are comparatively small, and *there*

is no fixed contact, as with the base or saddle.

The ease with which the rim or roll and spurs or lugs for attachment may be made in the wax pattern, and the beauty of a base of one material and color, make the casting process the desirable method of construction for the full denture base.

CONCLUSIONS

The casting process is one of the boons of civilization so far as modern dentistry is concerned; the inlay simplifies and gives greater possibilities to "operodontia"; the cast abutment has saved the fixed bridge from an ignominious grave; impartial restorations, cast clasps, saddles, bars and indirect retainers are invaluable; in constructing metal bases, which are to be preferred as supports for full dentures, the casting process has many advantages over swaging and soldering; in fine, if the casting process were to become a lost art, restorative dentistry would go back almost to its doubtful position of fifteen years ago.

330 Majestic Bldg.,
Denver, Colo.

How to Keep Your Teeth Clean

(Written by Margaret Welch, age 11, 97 E. Ninth Street,
Atlanta, Ga.)

Rub them, scrub them as fast as you can.
Rub and make them look spick and span.
Make them as white as snow,
If you don't, they will surely go.

Who Changed the Name?

Wherein We Get Ours

Editor ORAL HYGIENE:

 PERMIT us to submit for your careful consideration two clippings from ORAL HYGIENE, respectfully submitted by the Local Arrangements Committee of the National Dental Association Meeting, 1921.

Outside of this we are all human, and we wish to extend to you our gracious thanks for the nice things you have said about the Milwaukee meeting in your October ORAL HYGIENE. We certainly appreciate your analysis of our meeting very much.

Sincerely yours,
C. W. HALL,
General Chairman

WHO CHANGED THE NAME?

This sticker has been used to advertise the Milwaukee meeting.

Having already mentioned the Publicity Committee's feeble efforts, I would call their

attention to the fact that the name of our national body is "National Dental Association."

WHO CHANGED HIS NAME?

(This article has been sent broadcast all over the United States, comments the Committee.)

BILL GIVES WISCONSIN NEW DENTAL HYGIENIST LAW

On June 30th, Governor (Blair), of Wisconsin, affixed his signature to the dental hygienist bill, the text of the act, now in force, etc.

(As the editor of a magazine and a public writer, anyone should know the name of Wisconsin's Governor, comments the Committee.)

[The editor of ORAL HYGIENE has made diligent inquiry to find the name of Wisconsin's Governor. Nobody here seems to know. The best guesses were Jones, Smith, Brown and La Follette.

If the name is known in Milwaukee, kindly notify us and we will publish it.]



Did You Ever?

By R. J. Drummond, D.D.S., Greenville, S. C.

EDITOR'S NOTE

This proves that Dr. Drummond has really practiced dentistry. Every one of us has had these experiences. Isn't it queer how much alike people are anyway?

DOCTOR, did you ever have a real "knocker" for a patient? Did you ever have a patient whom you just couldn't please? Did you ever have a patient, for whom you had put in a number of fillings, come back when your reception room was crowded and announce, in loud tones, that the filling you put in had dropped out?

Did you ever put a treatment in a tooth to devitalize and tell your patient to be sure to come back within ten days and he returned in about six months with a swollen face and told you that you had failed to kill the nerve?

Did you ever put in a denture, on a charge account, that proved to be entirely satisfactory? -----

Did you ever have a pyorrhea patient that didn't tell you he thought he had been salivated?

Did you ever have an appointment at a certain hour and have the patient fail to show up but come at the same hour next day saying he thought that would do just as well?

Did you ever have a patient with nothing but the roots of a molar left and want to know why you couldn't save it for him?

Did you ever have a patient who insisted that his grandfather's cousin had three sets of teeth?

Did you ever spend a half hour explaining that the six year molar is a permanent tooth and should be saved, then have the parents say, "Take it out—they have never shedded it"?

Did you ever have a patient who wanted to tell you about a fellow practitioner breaking his jaw bone?

Did you ever extract teeth as best you could under aseptic conditions, then have the patient stick his finger in the place and say he believed you had left a piece?

Did you ever have a patient, who never used a tooth brush, come back and want to know why the gold you put in turned dark?

Did you ever have a patient, who wanted all the nerves killed in the teeth before they were filled, to be sure they would never cause any trouble?

Did you ever have a patient who objected to paying full price for the extraction of a deciduous tooth after you had spent thirty minutes of your time and about two hours of your temper?



Department of Pediadontia

W. A. BRIERLEY, D.D.S., Denver, Colorado

Contributing Editor

SHIS year will see a large increase in the number of dental clinics for school children. While the work of organizing new clinics must be governed considerably by local conditions, in many instances a knowledge of what is being done in towns and cities of a size similar to their own will prove to be an aid to those

upon whom falls the work of formulating plans.

ORAL HYGIENE desires information regarding dental clinics for school children which are in successful operation, whether located in small towns or large cities, and directors are invited to send concise reports of their work for publication. A questionnaire, covering the kind of information wanted, appeared in



A future dentist's reception

ORAL HYGIENE for July 1921.

HONOLULU, T. H.

Director, A. Clifford Braly,
D.D.S., 541 South Hotel
Street.

Organized Nov. 17, 1920.

Supported by private philanthropy.

School population served by clinic, first and second grades of ten public schools, numbering, approximately, 3,700.

Two operators employed full time.

Three hygienists, one assistant in clinic, an assistant to the director, a secretary, and a social service worker.

All children are asked to pay

five cents, but no child is refused treatment because of inability to pay this fee. All children are received for prophylaxis treatment, but further repair work is done for children whose families are unable to pay for dentist's work. This is determined as result of investigations made by the social service worker.

Clinic is not self-supporting, and never will be. It is operated full time, and is conducted upon the "follow-up" plan, beginning with the first grade.

[For the above facts we are indebted to Elizabeth J. Low.]



SAN ANTONIO, TEXAS

Director, Jos. L. Brown,
D.D.S., 2024 Gibbs Bldg.

Established, 1916.

School population served
by clinic, 15,000.

Supported by School Board.

One half-time dentist em-
ployed.

The clinic when first
started was under the direc-
tion of the Parent-Teachers'
Association, local dentists giv-
ing their time gratis.

The clinic is located at the
City Hospital, and is well
equipped.

Service is free for all pa-
tients, only those who cannot
employ dentists are treated.

Approximately 800 patients
are treated each year.

Clinic operated five days a
week at half time, during the
school year.

PUEBLO, COLO.

School District No. 20.

Director, Leonard T. Walsh,
D.D.S., P. O. Box 235.

Established, 1917.

Supported by the School
Board and the Colorado Fuel
and Iron Co., whose steel mills
are located in Pueblo.

All service free.

One dentist and a graduate
nurse are employed.

Clinic located in the Central
High School building. It is
equipped with the most mod-
ern furniture, fixtures and
dental apparatus. There is a
large reception room, operat-
ing room for three chairs, lab-
oratory, lavatory and scrub

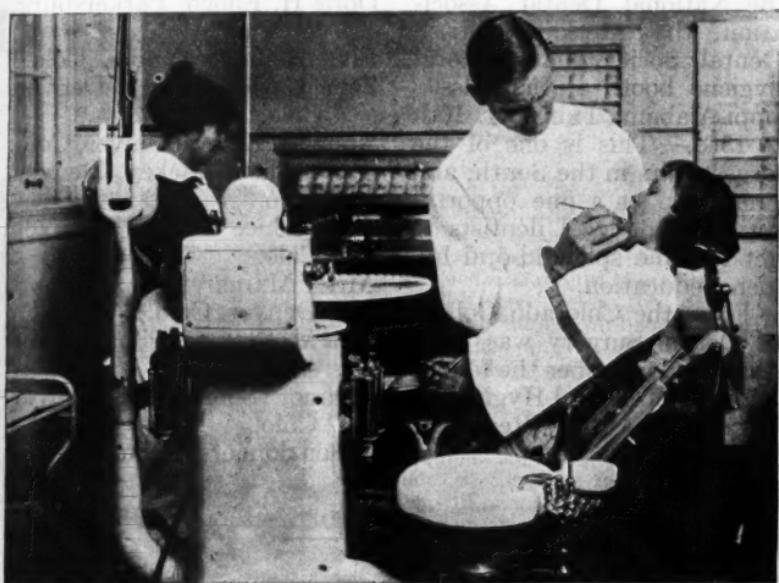
room, all finished in white
enamel.

All children up to and in-
cluding the eighth grade are
eligible. The department has
been operating long enough
now so that the children make
application for their own ap-
pointments. They secure a
card from their teacher,
which admits them to the
clinic; one side is for a signed
permit from the parent and
the other side is for the clinic
record. When the children
are at the clinic they receive
their attendance credit just as
though they were in the class
room.

The nature of the operative
work is limited to prophylaxis,
exodontia, cement, amalgam
and silicate fillings, treat-
ment of diseases of the mouth
and minor oral surgery.

The department is open
school days during the regular
school year from 8 a. m. to
2 p. m., and about three
hundred children per month
receive treatment free of
charge. Last year the cost of
carrying on this important
work was \$4,204, half of
which was paid by the Colorado
Fuel and Iron Co. and the
other half by the School
Board. All dental furniture
and apparatus is paid for by the
Colorado Fuel and Iron Co.
alone.

There is another nurse who
gives daily tooth brush drills
and talks on oral hygiene in
the various grade schools. If
a child cannot buy a brush it
is provided with one, other-
wise brushes are sold at cost.



In the operating room of public school clinic at Pueblo, Colo.

In addition to this the Colorado Fuel and Iron Co. provides free dentistry for the school children in the first, second and third grades in their many mining camps. Five part-time dentists are employed for this work, all under the direction of the main clinic in Pueblo.

HIBBING, MINN.
Independent School District,
No. 27.

Director, James H. Allison,
D.D.S.

Established, April 1, 1921.
School population, approximately 5,500.

Supported by the Board of Education.

One dentist employed full time.

The school nurses assist in

lining up cases and finding those deserving of free work.

No charges made at clinic. Fillings and extractions free to deserving cases. Examinations and prophylaxis free to pupils from kindergarten to and through the sixth grade.

Clinic conducted on "follow-up" plan. All children who are not entitled to free service are referred to local dentists for treatment.

NOTES

Dr. W. M. Cameron, of Atascadero, Calif., has been appointed director of the County Free Dental Clinic in San Luis Obispo, Calif.

Upon the suggestion of the Oral Hygiene Committee of

the National Dental Association the Meridian, Miss., Dental Society had an oral hygiene booth at the Mississippi-Alabama Fair, Oct. 10th to 15th. This is one of the largest fairs in the South, and proved to be a fine opportunity for the local dentists to get in some splendid oral hygiene education.

From the Colorado College of Dental Surgery was graduated in December the following class of Dental Hygienists: Olga Mae Austin, Red Oak, Ia.

Doris H. Enoch, Parkersburg, W. Va.

Elva Heilman, Yuma, Colo. Zona Carter Karnes, Denver, Colo.

Anna M. Keller, Denver, Colo. Mary Ellen Mackey, Denver, Colo.

L. Bernice Mead, Denver, Colo.

Mrs. Margaret I. Milligan, Denver, Colo.

Eva M. Parker, Osborne, Kansas

Eleanor Somerville, Denver, Colo.

Helen Sonners, Auburn, Wash.

High Schools Will Have Dental Assistants' Course

According to a report in the Sacramento, California, *Bee*, employment of a dental hygienist, and institution in the high school of a course to train young women to become dental assistants, were authorized by the Board of Education recently, at the request of the Sacramento District Dental Society.

Dr. Lester G. Brownell, representing the Society, told the board that an appropriation of \$2,000 a year would pay for the course and the services of the hygienist and that the young women taking the course would be educated in a vocation which has many opportunities.

The board also accepted the recommendation that the present school dentist be retained. Dr. Brownell said the opinion of Job Wood, Deputy State Superintendent of Public Instruction, that the dentist is being employed illegally is erroneous, as an Appellate Court decision clearly defined the legality of employment of the dentist some time ago.



Dental Assistants Wanted by Public Health Service

THE following circular has been received by ORAL HYGIENE from the United States Civil Service Commission. Prompt action is necessary, as applications, according to the circular "will be rated as received until January 31st, 1922."

No. 495 UNITED STATES CIVIL-SERVICE EXAMINATION

Dental Assistant Applications will be rated as received until January 31, 1922.

The United States Civil Service Commission announces an open competitive examination for dental assistant. Vacancies in the Public Health Service throughout the United States at \$80 a month, without quarters, subsistence, or laundry, and vacancies in positions requiring similar qualifications, at this or higher or lower salaries, will be filled from this examination, unless it is found in the interest of the service to fill any vacancy by reinstatement, transfer, or promotion.

Bonus.—Appointees whose services are satisfactory may be allowed the increase granted by Congress of \$20 a month.

Citizenship and Sex.—All citizens of the United States who meet the requirements, both men and women, may enter this examination; appointing officers, however, have the legal right to specify the sex desired in requesting certification of eligibles.

On account of the needs of the service, papers will be rated as received and certification made as the needs of the service require. In the absence of further notice, applications for this examination will be

received by the Commission at Washington, D. C., until the hour of closing business on January 31, 1922. If sufficient eligibles are obtained, the receipt of applications may be closed before that date, of which due notice will be given.

Certification.—In filling vacancies in this position, certification will be made of the highest eligibles residing nearest the vicinity of the place at which the appointee is to be employed, except that upon request of the department certification will be made of the highest eligibles on the register for the entire country who have expressed willingness to accept appointment where the vacancy exists.

Subjects and weights.—Competitors will not be required to report for examination at any place, but will be rated on the following subjects, which will have the relative weights indicated:

<i>Subjects.</i>	<i>Weights.</i>
1. Physical ability.....	25
2. Education and experience..	75

Total..... 100

Basis of ratings.—Under the second subject the ratings will be based upon competitors' sworn statements in their applications and upon corroborative evidence.

Duties.—The duties of this position are to care for dental instruments, to keep equipment and cabinets in order, and to assist the dentist in the preparation of materials.

Requirements.—Applicants must have completed at least the sixth grade of common school. In addition, they must have had at least one year's private training in a dental office or one year's experience as a graduate or practical nurse assisting a surgeon in the operating room.

Age.—Applicants must have reached their eighteenth but not their thirtieth birthday on the date of making oath to the application.

These age limits do not apply to persons entitled to preference because of military or naval service.

Retirement.—Classified employees who have reached the retirement age and have served fifteen years are entitled to retirement with an annuity. The retirement age for railway mail clerks is 62 years, for mechanics and post-office clerks and carriers, 65 years and for others 70 years. A deduction of $2\frac{1}{2}$ per cent is made from the monthly salary to provide for this annuity, which will be returned to persons leaving the service before retirement with 4 per cent interest compounded annually.

Photographs.—Applicants must submit with their applications their unmounted photographs, taken within two years, with their names written thereon. Proofs or group photographs will not be accepted. Photographs will not be returned to applicants.

Medical certificate.—The medical certificate in the application form should be executed by a medical officer of the Public Health Service where practicable.

Applications.—Applicants should

at once apply for Form 1312, stating the title of the examination desired, to the Civil Service Commission, Washington, D. C., the secretary of the United States Civil Service Board, Customhouse, Boston, Mass., New York, N. Y., New Orleans, La., Honolulu, Hawaii; Post Office, San Francisco, Calif., Denver, Colo.; Old Customhouse, St. Louis, Mo.; Administration Building, Balboa Heights, Canal Zone; or to the Chairman of the Porto Rican Civil Service Commission, San Juan, P. R.

Applications should be properly executed, *including the medical certificate*, but excluding the county officer's certificate, and filed with the Civil Service Commission, Washington, D. C., without delay.

The exact title of the examination, as given at the head of the announcement, should be stated in the application form.

Preference.—Applicants entitled to preference should *attach to their applications* their original discharge or a photostat or certified copy thereof, or their official record of service, which will be returned after inspection.

Treatment of Pyorrhea Alveolaris Containing Pus Pockets

Editor ORAL HYGIENE:

In eliminating pus pockets and inflammatory conditions when treating pyorrhea alveolaris, I find that the most valuable drug for this purpose is phenol. Therapeutically, phenol is most serviceable in eradicating pyorrhea pockets due to its property of penetrating bone tissue and destroying dead tissue most readily. It is also valuable as an anodyne for pyorrhea sore teeth.

Phenol can be applied to inflamed tissue or pus pockets by probe or with any blunt instrument as a carrier for the drug.

Respectfully,

H. M. SCHWARTZ, D. D. S.

1801 Center Ave., Pittsburgh, Pa.

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Dentistry and the Cincinnati Health Exposition

By SIDNEY. J. RAUH, D.D.S., Cincinnati, Ohio

HE Cincinnati Health Exposition was held in Music Hall, October 15th to 22nd, 1921. This building consists of a large auditorium seating about 4,000 people and, on either side, large halls for exposition purposes as well as space of the same character on the second floor.

There were educational health exhibits representing one hundred organizations and a similar number of commercial exhibits.

The exposition cost \$40,000. \$25,000 was obtained from space paid for by commercial exhibitors, the balance from admissions at 25 cents per person. Over 100,000 tickets were given away to school children for use only when accompanied by an adult. The attendance was approximately 150,000. On one night, thousands were turned away because in all the vast structure there was no room for them. 30,000 people paid admission at the gate; the rest bought tickets in advance.

The Exposition was started by the Cincinnati Public Health Federation which is composed of most of the organizations connected in some way with health work.

A special Executive Committee of twenty-eight members was selected and these served for over six months, arranging the Exposition.

The majority were professional men and women, with a limited number of business men. One of the latter made the statement that he was now convinced of professional people's ability to run this type of Exposition as well as, if

not better than, business men.

A profit of approximately \$5,000 will be realized. It is intended to contribute the entire amount to the Cincinnati Community Chest.

Each of the organizations paid all expenses entailed by its own exhibit, with the exception of the physical arrangements of the hall.

Every afternoon and evening special programs were carried out in the auditorium.

Even on Sunday, when the exhibition halls were not open, semi-religious services were conducted. If the expense incurred by the organizations





were to be computed it would unquestionably bring the total up to somewhere between seventy-five and one hundred thousand dollars, exclusive of any material they may have possessed prior to the demonstration.

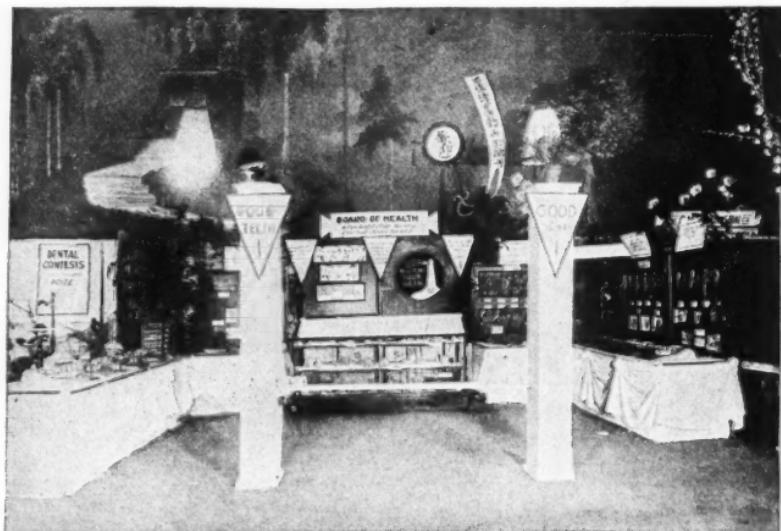
The attendance represented the entire community. It was drawn from all walks of life and included the very rich and the very poor, the educated and the ignorant.

An effort was made to have "life" in all exhibits and demonstrators were in constant attendance.

The outstanding feature was the interest displayed by the people. They fairly flocked to the hall and if it had been

possible to keep the doors open another week there is little doubt but that the second week would have been equally as successful as the first. In fact, for future plans two weeks would be the time advocated, for the crowds were, frequently, too large to make a satisfactory visit to the Exhibition possible. The spirit of the crowd seemed always to indicate an eagerness to be informed, a desire to learn to "live a little longer."

Prizes were awarded for the best commercial and educational exhibits. The Board of Health received the first prize of the latter group, the Medical Department of the University of Cincinnati the



second, and the Free Dental Clinic Society, combined with the Cincinnati Dental Society, third.

It can truthfully be stated that no exhibit of the entire number was unworthy of close study—a very remarkable showing. One fine result of the Exposition was that it brought about a better feeling and understanding of the purposes and working of the various organizations composing it. Many national and state organizations coöperated actively.

A restaurant and concessions of various sorts for the sale of refreshments and souvenirs, were a part of the show.

Fortunately, the Exposition followed immediately after the annual Automobile Show where decorations costing \$25,000 had been installed. The use of this elaborate and

artistic background was granted to the Exposition at a very low figure—not over \$2,500—and greatly enhanced the effectiveness of the displays.

No small measure of the Exposition's success must be attributed to the fact that it *amused* while it instructed.

The Gym Drill, in which about one hundred young men and women in attractive uniforms participated, called attention to the value of systematic exercise; but it was a most esthetic performance.

The Health Pageant, acted by public school children and pupils of a gifted dancing-mistress, delighted the eyes and ears of enormous audiences at the same time that it "put over" in dramatic fashion some fundamental rules of health.

The radium exhibit was an outstanding feature and drew

great crowds. The exhibit was paid for by one of the local banks to advertise its institution.

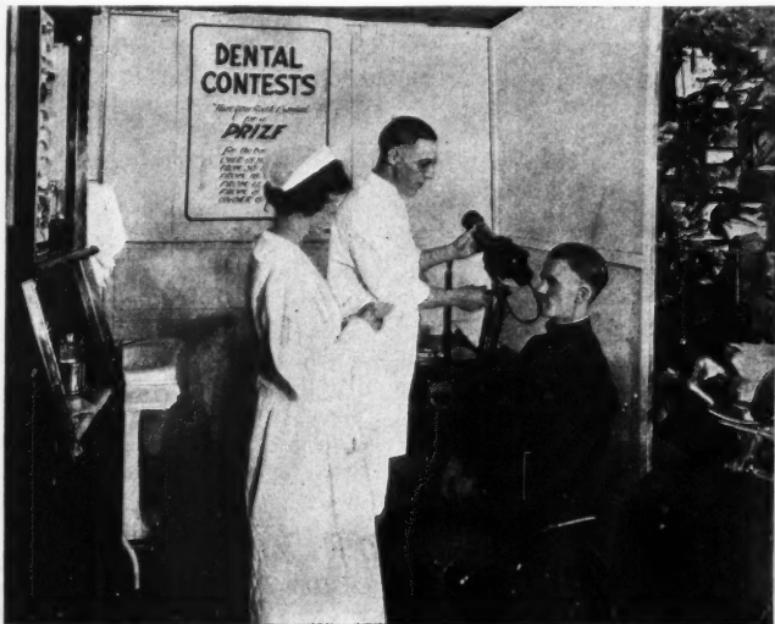
All of the newspapers co-operated very actively. They were liberal with first-page articles on the opening day and during the week they made Health Exposition news conspicuous. A complete description of the Exposition, with illustrations, will be published and can then be obtained by those interested.

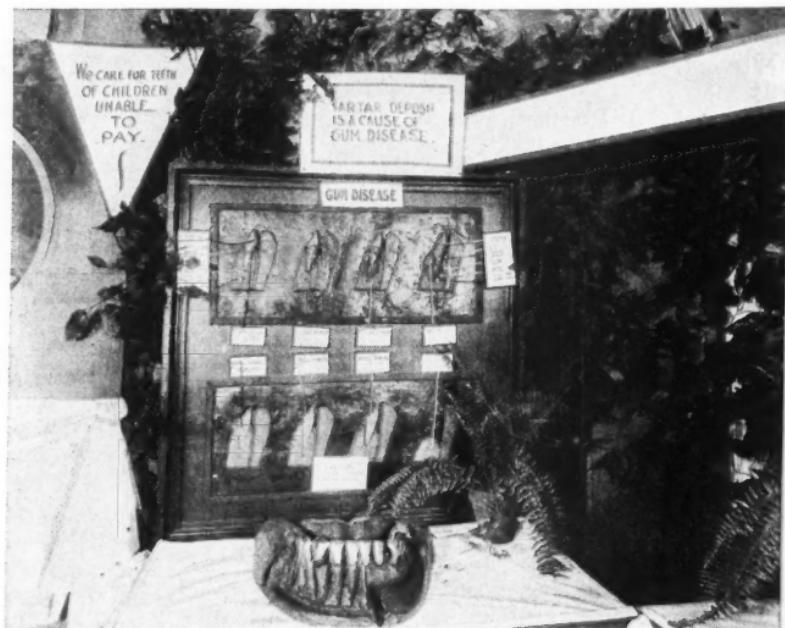
THE DENTAL PHASE

Cincinnati has had for over ten years an active mouth hygiene campaign which has always attempted to be a part of every health movement. So when the Health Exposition was contemplated, it was in recognition of this effort

that a representative of the Free Dental Clinic Society was asked to serve on the general board.

The exhibit consisted of large models depicting the progress of decay, the results of gum disease with resultant pyorrhea and loss of teeth, panels made of plaster of paris with a binding of fibre, all of these properly colored, models, photographs (many of them colored), correct and incorrect tooth-brushes and other materials for mouth cleansing, a large glass case containing skulls of all sorts, a moving electrical sign bearing the following: "A perfectly clean tooth does not decay—brush the upper teeth from the gum down—brush the lower teeth from the gum up—use plenty of water for rinsing—visit the





dentist at least twice a year," an electric sign of the Dental Welfare Foundation insignia with the lights going off and on constantly—all types of X-ray films and plates. To those interested the writer will be glad to furnish information as to duplication of this exhibit.

A model dental office was installed by one of the local dental supply houses.

Here examinations were made for the dental contests. Prizes were awarded for six different ages. One prize was allotted to a woman 79 years of age and the first patient examined was the successful candidate for Mayor in the election just held. Free X-ray pictures were taken.

A machine for grinding

whole wheat and the making of whole wheat bread proved attractive and directed attention to proper foods. Children from the public schools in squads of six showed the tooth-brush drill about every half-hour, afternoons and evenings.

Several volunteers from the Cincinnati Dental Society were in constant attendance to explain and answer questions.

The nurses from the Clinics distributed 30,000 pamphlets. The expense of this exhibit was approximately \$1,000, exclusive of the exhibit proper, which has been developed over a series of years and is the property of the Free Dental Clinic Society.

On Dental Day, Dr. Wes-

ton A. Price of Cleveland was the guest and speaker. At noon he addressed the Rotary Club on Dental Infections. At night the Cincinnati Dental Society held its regular meeting, preceded by a dinner, at Music Hall where the wives and guests of the dentists were interested attendants. Dr. Price spoke in the main auditorium before 3,500 people—probably the largest audience ever gathered for a strictly dental talk. His subject was "Health, and Dental Infections," illustrated by lantern slides and moving pictures.

The speaker held his audience for at least an hour and the newspapers next day freely quoted his remarks. Before the lecture, 200 public school children performed a tooth-brush drill with dash and ac-

curacy. They were accompanied by music and sang a song which aroused great enthusiasm.

This is the song, to the tune of "Tramp, Tramp, Tramp, the Boys Are Marching":

Twenty baby teeth they grow—

Ten above and ten below.
What they're for I am sure we do not have to tell.

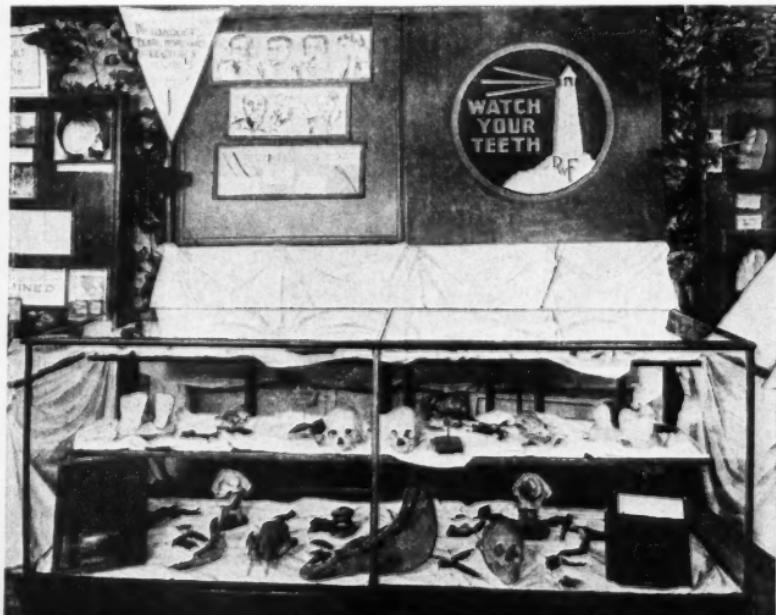
If we brush them well each day,

We will keep the holes away—

Then we all will be so happy, strong and well!

Chorus

Scrub! Scrub! Scrub! are words of warning—
Keep the grinders shining bright,



Use your powder, brush, and
paste,
You've no time to lose or
waste,
Keep them clean by brushing
morning, noon, and night!

Now just listen, do you know
Where our six year molars
grow?
In behind the baby teeth they
surely come!
Four in number there will
be,
They're the largest teeth
you see—

Grinding food to them is nothing
but good fun, but—

Chorus

Around the age from nine
to ten,
Then a change takes place
again,
Baby molars bid good-bye,
then the time has passed—
Two bicuspid teeth step in line
Just to chop our food so fine.
And the twelve-year molars
finish up the task!

Harrison Bldg.,
Cincinnati, Ohio.

Annual Index for 1921

Copies Free

The Annual Index to ORAL HYGIENE, for 1921, is now available in pamphlet form. It will be sent free on request. This method of publishing the Annual Index affords those who bind their copies of ORAL HYGIENE an opportunity to have this Index, which includes a title page, bound in front of the volume.

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A Valedictory

By Ferna I. Kendall

EDITOR'S NOTE

This was delivered at the graduating exercises of the Forsyth-Tufts Training School for Dental Hygienists in Boston.



R. FORSYTH, teachers, friends, all who are present this evening, as our guests at these exercises, the Dental Hygienists, Class of 1921, welcome you. But in a larger sense you are welcoming us.

The termination of our course of education as Dental Hygienists is, as we all know, most appropriately termed Commencement.

For while we are preparing to bid a farewell to this, our scene of endeavor for the year, we are looking forward to that which we have so strived to merit—the welcome of the dental profession.

We ask the profession, applauding our strength and pardoning our weakness, to welcome us.

What is the province of the Dental Hygienist? It would seem that we could resort to no better authority for answer than that of the Board of Dental Examiners. In their judgment the principal sphere of action of the Dental Hygienist is in the removal of all deposits of calculi, accretions

and stains from the exposed surfaces of the teeth and directly beneath the free margins of the gingivæ.

Phillips Brooks has said that a specialist is as sharp as a needle but apt to be as narrow! Let us not be too much of a specialist!

We will strive to justify the creation of the Dental Hygienist by performing our assigned work irreproachably, according to the standard of our Alma Mater, and so win the approbation of the profession.

But let us not forget in our enthusiasm that cleaning and polishing the teeth, important as we recognize it to be, is not the "Summum Bonum" of hygiene.

It is a favorite expression of ours that oral hygiene is the most important phase of all hygiene. As the end justifies the means, perhaps such exaggeration is excusable.

It is true the mouth is the most generally neglected part of the body; this warrants our placing oral hygiene as the most important and so bringing its precepts to the attention of the public.

We know that cleaning and polishing the teeth is but one part, and that a small part of the care and attention necessary for the promotion of health through the prevention of disease.

The greatest good is not necessarily derived from our *technical* procedure. Education of the public to the necessity of continual rather than periodical mouth cleanliness, is the way to best results.

As individuals or as a nation, the public needs not so much treatment for bad teeth as the preservation of teeth in their normal condition and the prevention of deformity.

We know that hygienic measures, local and systemic, coupled with nutrition are factors in the development of normal healthy teeth.

The Dental Hygienist is qualified by her education and training to advise and instruct in some degree concerning these factors.

She is not a nutritional expert, neither does she attempt to give dental or medical advice, but she is often in a position to acquaint her patient with the need of such advice or treatment.

The education of the Dental Hygienist has been expanded to cover the fundamentals of nutrition and other kindred subjects, but in her ability to recognize malnutrition or pathological lesions there is no danger that she will either overstep her province or infringe upon the rights of the Doctor of Dentistry or Medicine.

The expansion of her education creates no morbid propensity to increase itself to the exclusion of the developments of other professions, but rather constitutes a capacity for greater service.

The field is open. The oral hygiene movement, i.e., the education of the people to the importance of mouth cleanliness and its relation to general physical conditions, is closely associated with Medicine and with every department of Dentistry.

It is to the advantage rather than to the detriment of the dental or medical man that the Dental Hygienist can to some extent recognize defects.

In the Dental Hygienist the profession has found a new instrument for extending its service to humanity. It is not our good fortune to be the solution of the whole problem of Dentistry, but we can work faithfully and so develop the expanding qualities of our education, i.e., our knowledge of hygiene, oral and general, that we can assist working with and under the guidance of the profession in their plan of service.

We can accomplish this under one condition: that the profession gives us a trial, that it welcomes us! That a welcome will be given is assured since it has been done, and is being done, more and more each year.

Of the seven great Americans chosen to grace the Hall of Fame in New York, one is William Thomas Green Morton, D. D. S., who discovered and successfully demonstrated the anesthetic qualities of ether.

One of seven Americans chosen is a dentist! On reflection we can see that our chances of election to the Hall

of Fame are slim. None of us will win such fame as Dental Hygienists, but, working faithfully and trustworthily in the great progressive movement of Dentistry, we can help to make the whole remembered and respected.

Although we are leaving this institution, we cannot entirely disassociate ourselves from her. We go out as her repre-

sentatives, and each one of us constitutes a link of her ever-growing service chain.

We can look back upon the road leading to this point, the commencement of our work, and feel a satisfaction in having traversed it.

Let us with a brave spirit, plodding patience and untiring perseverance, enter upon our task.

"Auditorium Praised by Dental Delegate"

Words of praise for the Milwaukee Auditorium by Dr. Rea P. McGee, editor of *ORAL HYGIENE*, a dental monthly magazine published in Pittsburgh, have been received by Joseph Grieb, manager. Dr. McGee visited here in August, attending the dentists' convention.

"The best thing about Milwaukee is the Auditorium," writes Dr. McGee. "In fact, that building itself is a good excuse for living there. Instead of all kinds of fluted columns, and decorations, classic arches and useless windows, Milwaukeeans had the good sense to build simply a group of very large buildings, properly connected, that not only were designed to house large gatherings, but are so arranged that all departments can work in harmony.

"The Auditorium looks bigger inside than out, and whoever the architect is, he deserves great credit and should be kept busy building auditoriums."

"I believe this was the finest compliment ever paid the Auditorium," said Mr. Grieb, "and I'm happy in the realization that residents of other cities appreciate the facilities Milwaukee offers."—*Milwaukee Journal*.

EDITORIAL

REA PROCTOR McGEE, D.D.S., M.D., *Editor*

212 Jenkins Building, Pittsburgh, Pennsylvania

The Editor welcomes manuscripts and will take best possible care of any submitted, but cannot be held responsible for them. Manuscripts should be accompanied by self-addressed stamped envelopes. Typewritten manuscripts are preferred and should be double-spaced and written on one side of the paper only.

1922

HE year of prosperity nineteen hundred and twenty-two has arrived at last. From now until the end of the next war we should have uninterrupted prosperity.

If we never have another war our future is assured.

The progress of dentistry up to now has been very satisfactory.

The great impetus that the Dental Welfare Foundation will give to the education of the public in regard to the importance of "the mouth as a factor in health" will make 1922 a memorable year in the history of our calling.

In these days, the desire for publicity is simply an echo of the public desire for knowledge.

The mystery business does not work any more. People want to know.

A few years ago it would have been unethical for us to attempt to enlighten the public because we knew so little that we had nothing much to tell.

We know a lot more these days and the public knows a lot more. They are willing to listen to us, and they know enough to use judgment in what they accept as truth.

Slogans do not carry conviction unless the slogan is true.

"A clean tooth never decays" is not exactly true.

"A clean tooth repels decay" is quite true and "a dirty tooth invites decay" is truer yet, but

"WATCH YOUR TEETH"

will appeal to anyone.

Watch your teeth do what?

Watch your teeth decay if you are careless, or watch your teeth do their work if they are properly taken care of.

Watch your teeth *go* if you neglect them long enough, and if you insist in going the limit—"watch your *false* teeth."

Why not have the public watch their *good* teeth so that they will remain good—remain good throughout 1922 and the other eight years of this decade and then start in *good* with 1930?

There are children living today who will live and have good teeth in the year 2000 A. D.—if we can get to them this gospel of "Watch Your Teeth."

The Dental Welfare Foundation is building a real foundation of dental welfare—a foundation so strong and true that the opinions of the public in dental matters will, for many years to come, be guided by the work of a great organization which is controlled by organized dentistry and whose efforts are wholly humanitarian.

An Iowa Bill Head

STATEMENT OF ACCOUNT

[REDACTED], IOWA, 192[REDACTED]

IN ACCOUNT WITH

[REDACTED], M. D.

All accounts due and payable in thirty days, and must be settled either by cash or note in sixty days. Interest at the rate of six per cent will be charged on accounts past due. I have monthly bills to pay; kindly assist me by paying yours promptly, or if you haven't the money, come in and give me your note.



Did you ever wonder just what the phrase "Professional Service Rendered" meant on a physician's bill head? We all copy the words but take a somewhat different interpretation.

Here is an Iowa bill head that surely tells 'em what is what. The doctor seems a little modest in his per-hour fee. If a man lived about five miles in the country, it would be economical to rent the doctor and his Ford and pay the professional fee for a call and mileage rather than be stuck up by a taxicab for transportation alone—besides how could you escape if he prescribed booze for what ailed you. Wouldn't that be awful?

At the foot of the bill head the following is printed:

FEE BILL—Ordinary obstetric cases, \$25.00 and mileage, longer than six hours, \$1 an hour extra. Drives: \$2.50 first mile, and 75c thereafter. Night calls: \$1 to \$2 extra; \$1 additional charge for each person more than one sick. Day town calls: \$2.50, medicine extra. No calls in country less than \$3. Office calls: \$1 and up; telephone prescriptions, 50c. Bad roads, extra will be charged.

Chevalier of the Legion of Honor—Dr. Herbert L. Wheeler

HE Republic of France is ever appreciative of the efforts of those whose public spirit leads them to accomplish valuable work in the hour of need.

Dr. Herbert L. Wheeler of New York gave his time, knowledge and energy to the dental reconstruction of the French soldiers during the war. In recognition of the value of his work and the good he accomplished, France has bestowed upon Dr. Wheeler the Order of Chevalier of the Legion of Honor.

This is not only a great honor to Dr. Wheeler, but is an honor to the entire dental profession.

The great men of the world have been proud to wear the blood-red ribbon of the Legion of Honor.

Dr. Wheeler, we congratulate you!

The Sucker List

AFTER everybody else in the country has been tried out on a stock jobbing proposition, the dentist is approached as a last resort.

There are two ways to look at this phenomenon: either the dentist is considered an easy mark to clean up on at the last, or else he is so hard-boiled that the agent gets all of the experience he can before tackling the dentist.

When you make an investment, buy something that you can get your money out of.

Business profits are made very largely upon the shifting basis; that is, the money changes hands and what you lose is the other fellow's profit.

Why should you work and save in order to help a stock-selling shark make a record?

When you buy stocks and bonds, do as you expect your patients to do.

Your patients get very little sympathy from you if they take the advice of a quack.

You have taught them to trust an expert.

Do the same thing. Ask your banker what to buy.

He knows—or he wouldn't have a bank.



Guess What? A Prize Contest

By C. Edmund Kells, D.D.S., New Orleans, La.



WILL endeavor to make it as brief as possible. A lady presented with a left upper lateral, which, in itself, had never given her any trouble since its root canal had been imperfectly filled years ago.

However, for reasons, it was deemed advisable to attempt to remove this imperfect filling, and also attempt to fill the canal to the end.

Owing to the fact that there was a large filling upon both its distal and mesial surfaces, I did not like to enlarge the opening which had already been made in the lingual surface when the root canal was originally filled and, this being quite small, access to the pulp chamber was not as good as one could wish, but I had to make the best of it.

Thus handicapped, about fifty minutes were consumed in the removal of the old filling, using both chloroform and cajeput in the attempt to dissolve it out; it sure was "some tiresome job."

Finally I decided I had the canal clear, and in order to make sure of it, I took a skia-graph and discharged the patient for the day. The picture showed that the root canal was apparently clear to the end.

Early the next morning, the patient came by appointment and reported that the tooth was very *tender on pressure*, which, of course, was not very pleasant news. The tooth did not *ache*; it was merely *tender on pressure*, so I decided to let it alone for the time being, and turned my attention to the adjoining cuspid, the root of which I filled and skiagraphed, and then discharged the patient, who was to return later in the afternoon.

Upon her return she reported the lateral much worse than it was in the morning, and as *sore as a boil*, which was rather distressing, as the patient was from an adjoining city and I was rushing her work through.

In the meantime, the skia-graph of the finished root canal filling of the cuspid had been developed and disclosed a rotten filling, so I jumped in and removed this filling, and refilled it apparently satisfactorily this time, as the skia-graph showed.

While I was doing all this more or less mechanically, my mind was on that measly little lateral, for the patient would flinch every time I would touch it, which I was bound to do occasionally.

Suddenly it occurred to me: why not anesthetize it, place

Now, then, if I have any readers who are interested in this story, I want them to *guess what* that *one thing* was which I felt assured would cure that pericementitis so quickly and so effectively, and upon which I staked my reputation when I filled that aching tooth as I did.

a wire in its root, and take the skiagraph *now*, and get that much ahead? And I finally decided to do it.

I, therefore, injected the novocain and got it "dead to the world." I inserted the wire, took the skiagraph, which disclosed that the wire reached as near the apex as I could hope.

By this time, I began to think: while the tooth is so nice and comfortable, why not fill the root and be done with it? That idea almost took my breath away, because, immediate root filler that I am, I really never had done just that before.

S'pose I never had done just that before? Was that any reason for not doing it now? Assuredly not.

That's where progress comes in, doing things that you never did before. The more I thought of it, the more I favored the idea (all this while I was working on the cuspid) and by the time I was through with the cuspid, "the die was cast." I would fill that root canal, while the tooth was thoroughly anesthetized, if it

was the last act! The *theory* was *correct*; it was only a question of nerve!

I filled that root canal, skia-graphed it and found the filling apparently satisfactory, gave the patient five grains of Pyramidon *at once*, gave her fifteen grains with directions as to *when* to take them, gave her full instructions as to what she should do when the effects of the novocain passed off and the tooth began to hurt, and bade her good-bye for the evening.

Then I began to worry! At seven o'clock that evening, believe me, I had that lateral on my mind, and so I rang her up and asked how she was. "Feeling fine; tooth hasn't hurt a particle," was the response. I felt relieved, but only in a measure. The long night was before her.

She had an appointment early the following morning, and when the hour arrived, the patient was not there, and she was always so prompt! My heart sank a little. Five minutes went by—no patient. Heart sank a little lower. Ten minutes passed—"nothing

doing." Heart about to my knees now.

That was such an uncomfortable position for my heart to be in, that I had the lady's stopping place called on the phone and asked if she was there. At that moment she burst in, saying that she was sorry she was late, but that she "overslept herself." Overslept! And me worrying for fear she hadn't slept at all!

Answering my question, she said she had not had an instant's pain from the tooth, that she had not taken another Pyramidon tablet, and the tooth was not the least bit tender now (all just as I expected it would be when I filled that root yesterday, according to theory); and hearing all this, my heart jumped back from my knees so suddenly as almost to break a connection!

Now wasn't all that fine? And, as I said before, *just exactly as I expected*, or, of course, I would not have done it.

Oh, but I am forgetting the main thing—the contest. You see, after I filled the root, and after I gave her the five grains

of Pyramidon, I did just one thing more which I forgot to mention—the only *one thing* that I know of that would *wipe out that pericementitis* and so make the filling of the root *absolutely safe*. If it hadn't been for this *one thing*, I never would have taken my chances on filling it; you can stake your last dollar on that all right.

Now, then, if I have any readers who are interested in this story, I want them to *guess what that one thing was* which I felt assured would cure that pericementitis so quickly and so effectively, and upon which I staked my reputation when I filled that aching tooth as I did.

And, in order to make this an interesting contest, I will offer the first ten readers who send in the correct guess, a year's subscription to **ORAL HYGIENE**—**ORAL HYGIENE**, that bright and spicy little magazine which every dentist should read.

So, dear folks, get busy and send in your guesses.

1237 Maison Blanche,
New Orleans, La.



Laffodontia

If you have a story that appeals to you as funny, send it in to the editor. He *may* print it—but he won't send it back!

English Mistress: "Did you heat the veal pie, Sally?"

Sally: "Yus!"

Mistress: "Well, bring it in then!"

Sally: "Ow can hi when hi hate it?"

"Well, Bloom," a dentist asked a young colleague who was just starting in, "how's your practice?"

"In the mornings practically no one comes," was the reply; "and in the afternoons the rush falls off a bit."

Small Girl: "Dimme a teeny, weeny bit of your tandy?"

Small Boy: "Nix—but you can kiss my sticky lips."

Prof.: "I am going to speak on liars today. How many of you have read the twenty-fifth chapter of the text?"

Nearly every student raised his hand.

Prof.: "Good. You are the very group to whom I wish to speak. There *is* no twenty-fifth chapter."

One day the manager called her into his office.

"Surely, Miss Greene, 'in-cum' is a new way of spelling 'income,' isn't it?"

She fluffed her hair with one dainty finger for a moment in thought.

"O, I'm sorry!" she gurgled. "How stupid of me to forget the 'b'!"

Fat Man: "Do you serve lobsters here?"

Waitress: "Yes, I'll wait on you in a minute."

"To the Ladies! God dress 'em!"

"What has become of the girl you were making love to in the hammock last summer?"

"We fell out."

Chan (in the Italian restaurant): "How's the chicken to-day?"

Waitress: "Fine, kid: how are you?"

Virginia (who has just been operated on for appendicitis): "Oh, Doctor, do you think the scar will show?"

Doctor: "It *ought* not to."

Archie (absent-minded newly-wed at store): "I can't remember what I was sent for—a casserole or a camisole."

Clerk (giggling): "Is the chicken dead or alive?"

Celeste: "Oh, the monotony of this place! I fear that before the day's over it will drive me wild."

Chan: "May I come around this evening?"

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